

57124

CALIFORNIA LIQUID WASTE HAULER RECORD

015-

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000652

PRODUCER OF WASTE (Must be filled by producer)

Name: ALUMINUM CO. OF AMERICA [] [] [] [] []
 (PRINT OR TYPE)
 Pick up Address: 5151 ALCOA AVE. VERNON, CAL. 90258 [] [] [] []
 (NUMBER) (STREET) (CITY) (STATE) (ZIP)
 Telephone Number: 213-388-6441 P.O. or Contract No.: LA 774018
 Order Placed By: J. HERON Date: 6-3-78
 Type of Process: ALUMINUM FABRICATOR [] [] [] []
 which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | | |
|---|--|---|
| 1. <input type="checkbox"/> Acid solution | 6. <input type="checkbox"/> Tetraethyl lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution | 7. <input type="checkbox"/> Chemical toilet wastes | 12. <input type="checkbox"/> Cannery waste |
| 3. <input type="checkbox"/> Pesticides | 8. <input type="checkbox"/> Tank bottom sediment | 13. <input type="checkbox"/> Latex waste |
| 4. <input type="checkbox"/> Paint sludge | 9. <input type="checkbox"/> Oil | 14. <input type="checkbox"/> Mud and water |
| 5. <input type="checkbox"/> Solvent | 10. <input type="checkbox"/> Drilling mud | 15. <input type="checkbox"/> Brine |

☒ Other (Specify) ALUMINUM OXIDES & WATER [] [] [] []
ALUMINUM HYDROXIDES
 Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:

pH 7-9 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 BLS ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Containers: [] [] [] [] [] ☐ drums ☐ cartons ☐ bags ☒ other TANK (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any): None

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Karl F. Bogner
 SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.
 13419 Halldale Ave., Gardena, California 90249
 Phone: (213) 321-1392

Pick Up: 6/3/78 Time: 15 0am 0pm
 State Liquid Waste Hauler's Registration No. (if applicable): 15
 Job No.: _____ No. of Loads or Trips: 7 Unit No. 9
 Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

John W. Niles
 SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Monterey Park, Calif. 91754 [] [] [] []
 Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

- ☐ recovery
☐ treatment (specify): [] [] [] [] [] [] [] [] [] []
 (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)
☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well
☐ other (specify): _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 6-3-78

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]
 SIGNATURE OF AUTHORIZED AGENT AND TITLE
 The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name _____

BILLING COPY